

10/527427

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		3		/		
9		/		/		
10		/		/		
11		/		/		
12		/		/		
13		/		/		
14		/		/		
15	/			/		
16	/			/		
17	/			/		
18	/			/		
19	/			/		
20	/			/		
21	/			/		
22	/	/		/		
23		/		/		
24		/		/		
25		/		/		
26	/	/	/	/		
27	/	/	/	/		
28	/	/	/	/		
29	/	/	/	/		
30		/		/		
31		/		/		
32		2		/		
33		6		/		
34		60		/		
35		60		/		
36		60		/		
37		60		/		
38		60		/		
39		60		/		
40		60		/		
41		60		/		
42		60		/		
43		60		/		
44		60		/		
45		60		/		
46		60		/		
47		60		/		
48		60		/		
49		60		/		
50		60		/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	30	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53				/		
54				/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62				/		
63				/		
64				/		
65				/		
66				/		
67				/		
68				/		
69				/		
70				/		
71				/		
72				/		
73				/		
74				/		
75				/		
76				/		
77				/		
78				/		
79				/		
80				/		
81				/		
82				/		
83				/		
84				/		
85				/		
86				/		
87				/		
88				/		
89				/		
90				/		
91				/		
92				/		
93				/		
94				/		
95				/		
96				/		
97				/		
98				/		
99				/		
100				/		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						